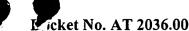


Petition for Extension of Time Fee

communication have been considered.



Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)): [x] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to Box Appeal, Commissioner for Patents, Washington D.C. 20231. [] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of at Facsimile No. Dated: June 18, 2002 Name of Person Certifying: Printed Name: Nancy Hug IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Thomas A. Silvestrini Applicant: Examiner: Willse, David H. Serial No.: 08/993,946 Group Art Unit: 3738 Filing Date: December 18, 1997 CORNEAL IMPLANT METHODS AND PLIABLE IMPLANT THEREFO Title: Box Appeal Commissioner for Patents Washington, D.C. 20231 NOTICE OF APPEAL TO THE BOARD OF PATENT APPEALS AND INTERFERENCES Sir: Applicant hereby appeals to the Board of Appeals from the decision dated <u>December 18</u>, 2001 of the Examiner rejecting claims 1-17, 20, 21, 23 and 24. The items checked below are appropriate. \boxtimes Appeal Fee: Large Entity Fee of \$320.00; or \boxtimes Small Entity Fee of \$160.00. Applicant(s) claim Small Entity Status under 37 CFR § 1.27 冈 X Petition for Extension of Time (3 mos.)

\$460.00

<u>Conditional Petition for Extension of Time</u>: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this

Return Postcard.

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X





\boxtimes	Payment of Fees	
		Enclosed is Check No in the amount of \$
		Please charge Deposit Account No. <u>50-1189</u> , in the amount of \$620.00 to cover the above-fees referencing billing reference No. <u>23915-7321</u> . A duplicate copy this sheet is enclosed.
		The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, referencing billing reference No. 23915-7321. A duplicate copy of this sheet is enclosed.
DATE:	June 1	Respectfully submitted,

Carol M. Gruppi Registration No.: 37,341

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Telephone: (650) 849-4902 Telefax: (650) 849-4800

> Serial No. 08,993,946 Docket No. AT 2036.00